

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

| I. (a) PLAINTIFFS Miles H. Humphrey, M. D. (b) County of Residence of First Listed Plaintiff <u>Twin Falls</u> (EXCEPT IN U.S. PLAINTIFF CASES) (c) Attorney's (Firm Name, Address, and Telephone Number) Thomas D. Kershaw, Jr., P. C., Box 2497, Twin Falls, ID 83303 (208) 734-9622 | | DEFENDANTS A U Optonics Corp., et al. County of Residence of First Listed Defendant <u>foreign</u> (IN U.S. PLAINTIFF CASES ONLY) NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE LAND INVOLVED. Attorneys (If Known) Unknown | | | | | | | | | | | | | | | | | | | |
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| II. BASIS OF JURISDICTION (Place an "X" in One Box Only) | | III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant) | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 1 U.S. Government Plaintiff <input type="checkbox"/> 2 U.S. Government Defendant | | <input checked="" type="checkbox"/> 3 Federal Question (U.S. Government Not a Party) <input type="checkbox"/> 4 Diversity (Indicate Citizenship of Parties in Item III) | | | | | | | | | | | | | | | | | | | |
| | | <table border="0" style="width:100%;"> <tr> <td style="width:33%;">Citizen of This State</td> <td style="width:10%; text-align: center;">PTF DEF</td> <td style="width:10%; text-align: center;"><input checked="" type="checkbox"/> 1 <input type="checkbox"/> 1</td> <td style="width:47%;">Incorporated or Principal Place of Business In This State</td> <td style="width:10%; text-align: center;">PTF DEF</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> 4 <input type="checkbox"/> 4</td> </tr> <tr> <td>Citizen of Another State</td> <td></td> <td><input type="checkbox"/> 2 <input type="checkbox"/> 2</td> <td>Incorporated and Principal Place of Business In Another State</td> <td></td> <td><input type="checkbox"/> 5 <input type="checkbox"/> 5</td> </tr> <tr> <td>Citizen or Subject of a Foreign Country</td> <td></td> <td><input type="checkbox"/> 3 <input checked="" type="checkbox"/> 3</td> <td>Foreign Nation</td> <td></td> <td><input type="checkbox"/> 6 <input type="checkbox"/> 6</td> </tr> </table> | | Citizen of This State | PTF DEF | <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State | PTF DEF | <input type="checkbox"/> 4 <input type="checkbox"/> 4 | Citizen of Another State | | <input type="checkbox"/> 2 <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | | <input type="checkbox"/> 5 <input type="checkbox"/> 5 | Citizen or Subject of a Foreign Country | | <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 3 | Foreign Nation | | <input type="checkbox"/> 6 <input type="checkbox"/> 6 |
| Citizen of This State | PTF DEF | <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State | PTF DEF | <input type="checkbox"/> 4 <input type="checkbox"/> 4 | | | | | | | | | | | | | | | | |
| Citizen of Another State | | <input type="checkbox"/> 2 <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | | <input type="checkbox"/> 5 <input type="checkbox"/> 5 | | | | | | | | | | | | | | | | |
| Citizen or Subject of a Foreign Country | | <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 3 | Foreign Nation | | <input type="checkbox"/> 6 <input type="checkbox"/> 6 | | | | | | | | | | | | | | | | |
| IV. NATURE OF SUIT (Place an "X" in One Box Only) | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <tr> <th style="width:25%;">CONTRACT</th> <th style="width:25%;">TORTS</th> <th style="width:25%;">FORFEITURE/PENALTY</th> <th style="width:25%;">BANKRUPTCY</th> <th style="width:25%;">OTHER STATUTES</th> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. 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| V. ORIGIN (Place an "X" in One Box Only) | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> 1 Original Proceeding <input type="checkbox"/> 2 Removed from State Court <input type="checkbox"/> 3 Remanded from Appellate Court <input type="checkbox"/> 4 Reinstated or Reopened <input type="checkbox"/> 5 Transferred from another district (specify) <input type="checkbox"/> 6 Multidistrict Litigation <input type="checkbox"/> 7 Appeal to District Judge from Magistrate Judgment | | | | | | | | | | | | | | | | | | | | | |
| VI. CAUSE OF ACTION | | | | | | | | | | | | | | | | | | | | | |
| Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity): <u>15 U.S.C. 526, 15 U.S.C. 51 and pendent state claims</u> Brief description of cause: <u>Sherman & Clayton Act with pendent state claims</u> | | | | | | | | | | | | | | | | | | | | | |
| VII. REQUESTED IN COMPLAINT: | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23 DEMAND \$ _____ CHECK YES only if demanded in complaint: JURY DEMAND: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | |
| VIII. RELATED CASE(S) IF ANY (See instructions): JUDGE _____ DOCKET NUMBER _____ | | | | | | | | | | | | | | | | | | | | | |
| DATE: <u>6 March 2007</u> SIGNATURE OF ATTORNEY OF RECORD: <u>s/ Thomas D. Kershaw, Jr.</u> | | | | | | | | | | | | | | | | | | | | | |
| FOR OFFICE USE ONLY | | | | | | | | | | | | | | | | | | | | | |
| RECEIPT # _____ | AMOUNT _____ | APPLYING IFP _____ | JUDGE _____ MAG. JUDGE _____ | | | | | | | | | | | | | | | | | | |